



NOV 07 2006 4:40PM

TOLER SCHAFFER

NO. 534 P. 3

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60533 7590 09/25/2006

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Emma L. Meyer

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/634,116	08/04/2003	Kenneth Roger Jones	1033.SS00379	5754

TITLE OF INVENTION: SYSTEM AND METHOD TO IDENTIFY DEVICES EMPLOYING POINT-TO-POINT-OVER ETHERNET ENCAPSULATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/26/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SBC Knowledge Ventures, LP

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Reno, NV

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

11-7-2006

Typed or printed name

Jeffrey G. Toler

Registration No.

38,342

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PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

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PAGE 315 * RCVD AT 11/7/2006 5:48:07 PM [Eastern Standard Time] * SVR:USPTO-EFXXR-1/16 * DNIS:2732885 * CSID:5123275575 * DURATION (mm-ss):02-08

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FACSIMILE COVER SHEET

DATE: November 7, 2006

TO: MS: ISSUE FEE

FAX NO.: (571) 273-2885

FROM: Jeffrey G. Toler
Reg. No.: 38,342

RE U.S. App. No.: 10/634,116, filed August 4, 2003

Applicant(s): Kenneth Roger Jones, et al.

Atty Dkt No.: 1033-SS00379

Title: SYSTEM AND METHOD TO IDENTIFY DEVICES EMPLOYING
POINT-TO-POINT-OVER ETHERNET ENCAPSULATION

NO. OF PAGES (including Cover Sheet): 5

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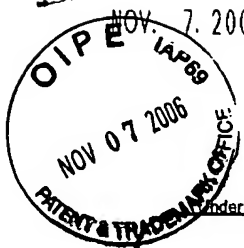
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TOLER SCHAFFER

NO. 534 P. 2

PTO/SB/21 (09-06)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/634,116
	Filing Date	August 4, 2003
	First Named Inventor	Kenneth Roger Jones
	Art Unit	2141
	Examiner Name	BAYARD, Djenane M.
	Attorney Docket Number	1033-SS00379
Total Number of Pages in This Submission	5	

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<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee Address Indication Form
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Firm Name	TOLER SCHAFFER, LLP	
Signature		
Printed name	Jeffrey G. Toler	
Date	11-7-2006	Reg. No. 38,342

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Typed or printed name	Emma L. Meyer	Date 11/7/2006

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